

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75916	4/29/00
O.I.P.E. CLASSIFIER		59	55
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	huv	64930	6-27

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	4/29/00
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Claim	Date
Final Original	4/29/00
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56	✓
57	✓
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61	
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63	
64	✓
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Claim	Date
Final Original	4/29/00
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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